

EUTF DECLARATION OF TERMINATION OF DOMESTIC PARTNERSHIP

I. DECLARATION:

I, _____, an employee-beneficiary of the EUTF, declare that, as of _____, am no longer in a domestic partnership with _____ because:

- our domestic partnership no longer meets all the status criteria set forth in our declaration of domestic partnership, or
- the domestic partner deceased as of _____, or
- our domestic partnership terminated or dissolved as of _____.

II. TERMINATION OF COVERAGE:

I understand that termination of coverage of the domestic partner and the domestic partner's children will be effective upon the EUTF's receipt of this Declaration.

I affirm, under penalty of perjury, that the statements in this Declaration are true and correct.

Employee-Beneficiary Signature

____/____/____
Date

Employee-Beneficiary Address

Domestic Partner Address